

# **Bioenergetic Triggerpoint Therapy (BTT)**

Your Guide To  
Fast, Safe  
Drug-Free  
Do-It-Yourself

## **Pain Relief**

By

**Paul Newcomb**

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The information contained in this book is in not in any way to be considered as prescription for any ailment. An appropriately licensed physician should be consulted if there is any question as to the seriousness of the problem.

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**Dedicated to the loving  
Memory of**

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# Foreword

By Joseph Mercola, D.O.

Paul Newcomb is a remarkable individual. He wants to provide this no-cost method of pain relief, Bioenergetic Triggerpoint Therapy, to everyone. He also wants to bring inexpensive health options to the bulk of the Third World by 2010.

I am no stranger to ambitious goals and the incredible dedication involved – I am working to facilitate the transformation of the traditional Western medical paradigm -- but Paul is 78 years old and thus has a sense of urgency to his mission.

I believe he has a serious chance of achieving his goal, as his concepts are sound and he has implemented many of the time-honored principles for goal achievement.

The Bioenergetic Triggerpoint Therapy (BTT) described in this manual is part of that program, and I encourage you to read through this booklet to get a full understanding of how to put this simple and amazing pain relief therapy to work for you.

But first a little more about the man who has put BTT – and so much more – at the forefront. In some ways, Paul's quest reminds me of the mission of Mother Teresa.

He recently concluded a 5-month program working with a 4,000 patient church healthcare program in the slums of Mombasa, Kenya. He succeeded in getting the program to adopt a combination of four no-cost BTT techniques, all covered in this book, because of the results of the 1,000 patients he has helped over there.

He became frustrated with constant rejection by the US medical establishment. He observed how the system treated other healers with low- or no-cost techniques, so he decided to take BTT to the Third World and let it prove or disprove itself there.

In those five months, Paul went into the homes of those who are sick enough to be treated by the diocesan program, along with a nurse, an interpreter and a volunteer who sees the patients almost daily.

With BTT, he was been able to relieve the pain and suffering of about 1,000 patients with almost every kind of disease. Most of the actual patient contact was by the volunteer training under his direct supervision; with Paul's departure from Mombasa, this volunteer can now teach others and continue administering the therapy.

The few patients Paul couldn't help, numbering only around twenty, were the lepers, TB patients whose muscles were essentially gone, and the severely dehydrated who were drinking one or less cups of water a day. About half of the patients drinking two or three cups of water per day required only a single treatment to relieve their pains for a week or more and/or restore restricted movement to necks, arms and legs. Those who required follow-up treatment were frequently arthritics with calcified joints.

Interestingly, he has also used my favorite psychological acupressure technique, EFT, to eliminate the nocebo effect (in short, and opposite of the placebo effect, people think something will go wrong, and therefore, because they've geared their mind in that direction, it does go wrong). Paul recently presented a paper at Oxford University in which he demonstrated some very interesting Third World uses for EFT.

Paul has an interesting military background that will help him achieve his goal of bringing inexpensive health options to the bulk of the Third World by 2010. He started as a junior naval officer and was sent to a 13-month postgraduate course in Naval Mine Countermeasures. His commander was an ex-MIT professor who was brought into the Navy early in World War II to head up their mine countermeasures program.

The commander selected him as Officer in charge of the Office of Naval Research Mine Countermeasures program. This commander also became his mentor and taught him specific techniques to accomplish goals as required.

Paul was well on his way to a successful naval career, but when his wife became pregnant with their third child, this mentor suggested that a research career would be just as interesting and more compatible with a healthy family life. So Paul shifted gears and joined a prestigious US research facility, Johns Hopkins University, as an Operations Analyst at their Operations Research Office (ORO).

Most of his assignments were in digital computer war-gaming. Towards the end he was engaged in gaming surface-to-air (SAM) missile systems. As a result of his work there he was invited to join the Weapons Systems Evaluation Group under the Joint Chiefs of Staff.

He developed the delay-time method of evaluating SAM systems. This provides a method of accounting for all of the time that a SAM site can engage the enemy. He became the Associate Technical Director for tests of the Nike system. Later on he was selected as the Technical Director of Joint Service tests of the Navy's Terrier and Talos SAM systems.

As you can see, Paul has acquired a full set of tools and resources that he can utilize in achieving his ambitious goals.

I am delighted to assist Paul in his mission and am excited that you have purchased this book. I fully believe the principles Paul describes here will provide you with the tools to eliminate most of the physical pain you and your family may encounter in the future.

August 2002

# Introduction

Muscle spasms are the common factor in almost all pain from any injury or illness. Bioenergetic Triggerpoint Therapy focuses on this common factor and treats the spasms rather than the injury. BTT uses the most efficient method to detect and erase muscle spasms.

When the spasms are erased the pain will be gone and the body can heal itself spontaneously.

A simultaneous light touch on the side of the head and in the vicinity of the pain will signal to the finger the elimination of muscle spasms.

This booklet will provide you with:

- The BTT methodology
- Examples of BTT in action
- Some precautions
- The elementary theory of BTT
- Various applications

The primary purpose of this book is to teach you how to relieve pain by applying the BTT technique to muscle spasms.

BTT Therapy is an approach to pain relief that exploits a little known response of the human body. A number of channels exist that can be used to quiet, erase, or relieve muscle spasms and the associated pain. Mothers use these channels to quiet a crying child, and we use them when we hug each other to feel good.

A light touch on the side of the head with one hand and a light touch in the vicinity of the pain are all that is required to establish safe, fast and effective drug-free relief from both muscle spasms and pain.

A portion of BTT called "Gentle Touch" has been handed down from antiquity. This was the precursor of BTT. BTT



includes the major advances that have been made recently as a result of a policy encouraging experimentation whenever the Gentle Touch could not satisfy the subject's requirements.

So what exactly is BTT?

BTT is an alternative healing technique, which harnesses the natural impulses of the body's central nervous system and focuses them as powerful weapons against muscle spasms. When muscle spasms and pain are relieved the body frequently heals itself.

Those who learned Gentle Touch and practiced it tended to keep it a secret from others and often made the mistake of relying upon it to the exclusion of other types of healing. Quite simply, BTT is a method of detecting and releasing muscle spasms that almost anybody can learn.

It is absolutely safe and there is no cost involved other than the time involved to learn it. More than half the subjects I've used BTT on either could not get relief from other types of treatment, or could not afford the other treatments.

The United States currently spends nearly two trillion dollars annually for health care and these costs could be reduced significantly if therapies like BTT were widely applied. In my opinion, if this type of procedure were as well known as the Heimlich maneuver is for choking, or artificial respiration is for drowning, many lives would be saved.

In a sense, BTT can be used to relieve more than just physical pain. For example:

**In the home:** treating each other's pain can reinforce the love between a husband and wife. Treating children's injuries can reinforce a child's trust of its parents

**In nursing homes:** if HMOs and other insurers funded the teaching of BTT to health care professionals, patient care costs would be significantly reduced.

**Outdoors:** Fishermen, farmers and others who spend time outdoors may treat accidents and injuries with BTT immediately following an accident to relieve pain and reduce the need for emergency room care.

**At work:** Workers may lose less time from work if they could relieve minor aches and pains easily and at no cost.

## Background

I first used BTT in 1943 while steam boating down the east coast of England on a Liberty Ship. My shipmate, Joe Coppello, fell on the slippery deck and broke his wrist.

We were about 36 hours outside of London with no morphine or other pain relief available. I applied a splint, but his wrist kept moving in the splint, causing more pain. Then I remembered what my dad, a licensed chiropractor and former WWI combat medic, taught me to do if one of my buddies or I got shot.

I was 18 years old and about to enter the service when my father said, " If you or one of your buddies get hit, this is what you do."

He proceeded to show me the BTT technique of relieving muscle spasms. He said I would actually see the wound close, but I was a typical young skeptic.

Now, with the intense pain in my shipmate's broken wrist, I had no other option – I remembered my dad's teaching and decided it was worth a try. I applied BTT and, to my amazement as much as Joe's, his pain was gone in less than two minutes. The pain did return every 10 to 60 minutes, but I would relieve it again. This went on until we docked in London, where his arm was put in a cast.

This was a case where the pain was extremely severe, as the muscles causing the pain were elongated to their limit. As a result the spasm was easy to detect, identify and relieve. Severe muscle spasms are easier to detect than mild ones and quite easy to learn with.

I'm not sure I ever would have believed that BTT worked had it not been for this incident.

I stayed in the Navy until 1995, and used this method when there were no trained pharmacists mates immediately available. Minor problems were fixed on the spot. If the

problems were major, BTT would be applied intermittently until medical help became available.

BTT could be taught to all military personnel to assist with pain in the event that medical assistance is delayed. Removing spasms periodically would also assist with keeping military personnel in “fighting ” shape. When we know and understand pain, we lose our fear of it.

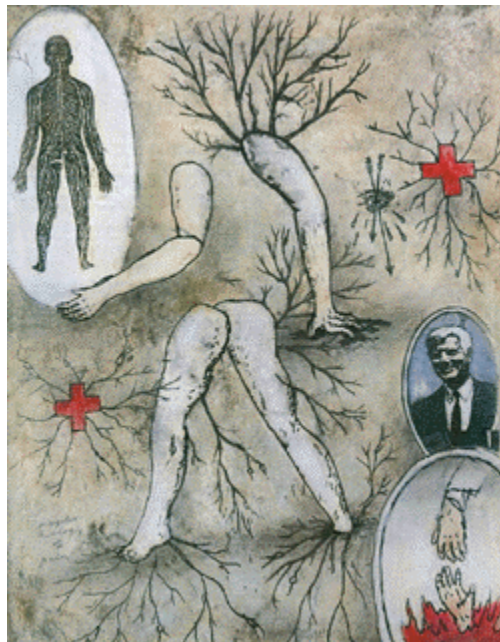
Since leaving the service, I’ve used it to help both family and friends. I used it on my son, Rick, while my wife drove us to the emergency room. By the time we got there, the wound in Rick’s badly cut lip was almost closed.

I have experienced one of mankind’s greatest joys: relieving another’s pain. Relieving it, in fact, now thousands of times with BTT.

# Overview of Pain and Muscle Spasms

Pain is a great friend to the body's defense system. Pain is essential for self-protection, as it keeps us from injuring ourselves by letting us know when to stop what we are doing. Pain's second function is to tell us when and where we need additional help.

Pain is normally associated with an injury, wound or chronic illness. But pain is really due to alternating pressure on adjacent nerves of elongated spasmodic muscles.



A human body free from muscle spasms is amazingly capable of throwing off all types of sickness and disease. It quickly recovers from an injury if spasms are released immediately.

The body produces spasms in an attempt to correct displacements of the muscular-skeletal structure. Pain is produced as a call for help when the body's self-correcting systems are unable to handle the problem.

Almost all muscular-skeletal pain is actually caused by the effect of muscle spasms on the nerve channels in the vicinity of the muscle. The only difference, for example, between pain in the foot and pain in the neck is the relative amount the muscle bundle is stretched causing the pain. The treatment is the same: identify and erase the spasm.

In the normal course of a day, the body produces spasms to detect and correct displacement of the muscular skeletal system. Each muscle bundle is, so to speak, interrogated by the brain about 70 times per minute to determine if the muscle bundle is stretched beyond its normal range for the position it is in and for the action it is taking.

In simple terms, if the brain detects that the muscle bundle is stretched beyond normal, the brain initiates a signal to cause the muscle to contract. This takes place almost immediately so that muscle tissue is not harmed.

This process corrects minor dislocations of the muscular-skeletal system without our feeling it. It is the process that keeps us looking the same from day to day; these dislocations, if uncorrected, would drastically change our appearance. Sometimes this process is felt as a minor pain lasting only a few seconds.

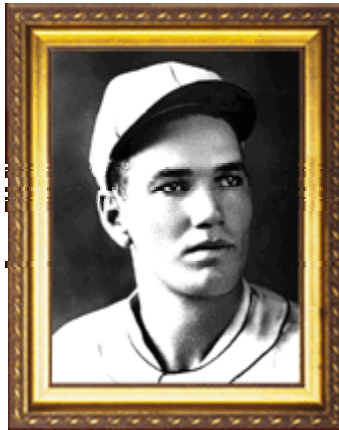
Pressure causing one muscle to contract will cause an opposing muscle to stretch. A minor movement of a bone may cause bundles, which hold the bone in its normal position to stretch. Any swelling or foreign object in the body will also cause stretching in adjacent muscles and may result in pain.

Pain tells us the body needs assistance in correcting a problem. We attempt to remove pain by rubbing the spot or putting ice or cold water where it hurts. We shift positions trying to realign the body to ease pain.

We may unconsciously move a body part into a position that minimizes the spasm's strength by shortening the affected muscle, thereby minimizing the pain. This may work, but it

can weaken the body where its parts are not in a natural position. This can lead to a compounding of the injury.

A misaligned body cannot tolerate sudden movements. Baseball Hall of Fame pitcher Dizzy Dean is a good example.



Dizzy Dean suffered a broken toe in the 1937 All-Star Game that lead to an arm injury and shortened his career.

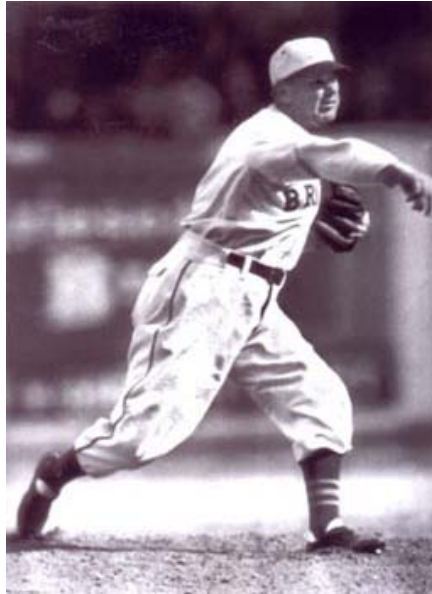
Dizzy Dean was at one time the greatest pitcher in baseball. One day before an All-Star Game he injured his toe. Dean pitched in the game the following day but blew his arm. He was never the same again. Dean tried pitching for a while. In some fashion he realigned his body to reduce the pain in his toe while he was pitching. But this realignment, or more accurately misalignment, could not take the strain of 90 plus miles per hour pitching without injuring his arm.

A perfectly aligned, trained body can tolerate violent movement without injury. When you hear of a person whose back went out from opening a window or some other trivial task, you can almost be certain he had some previous muscle spasm which caused his body to be out of alignment. Opening the window was not the problem. It was the action the misaligned body could not tolerate.

In the case of injury, instead of pain we may feel nothing at all. For example, athletes such as boxers, football or hockey players often feel no pain at the time of being injured. A mechanic may not realize he has cut his hand until he sees the blood.

This is a result of intense concentration on the task at hand.

If severely injured it is possible to concentrate upon almost anything to the extent that the pain is not felt. Many prisoners of war used this technique with considerable success when tortured. The danger of using concentration to block pain is that pain will not be available to limit our actions when needed.



Those involved in tasks requiring intense concentration often do not feel the pain of injury.

Chronic pain and muscle spasms may cause weakened or atrophied muscles, calcium deposits, restricted movement, blockage of the body's defense system, further injury due to weakness, and harmful psychological effects. This is pain that has outlived its usefulness. Pain is useful when it warns us to stop what we are doing, when it tells us we need treatments, or when we need to supplement the current treatment.



Pain is useful up to the point that it tells us we need to treat the cause.



# Why BTT Works

When we complain of a bad back, whiplash, a cut or wound, a sprain, bursitis, arthritis, or any of a thousand terms to describe our pain, what we are describing is the cause of the muscle spasm, which, in turn, is causing our pain.

BTT works because it attacks the spasm causing the pain rather than attacking the cause of the spasm. The cause of the spasm may be swelling, an open wound, displacement of a muscle, ligament, tendon or bone, or a broken bone.



BTT works by easing the spasm causing pain, not by removing the injury causing the spasm.

It is highly probable that BTT causes the brain to release endorphins, the bodies own pain-relieving, mood-elevating chemicals. Massage, acupressure, acupuncture and many other natural remedies are known to cause these important chemicals to be released.

Drugs have their place, which concentrate upon relieving or blocking the pain rather than relieving the spasm causing the pain, but the pain will return when the drug wears off.

To continue taking pain-blocking drugs makes it hard to identify and relieve spasms with BTT.

Many treatments and medications that decrease pain actually do relieve muscle spasms. For example, gout medication aims to reduce the swelling causing the spasm responsible for the pain.

With broken bones, doctors use casts and tension to immobilize the bone or limb so healing can take place more rapidly. Otherwise, spasms would continue to disrupt healing. When the chiropractor adjusts your spine to realign your vertebrae, the muscle spasms caused by the misalignment are removed.

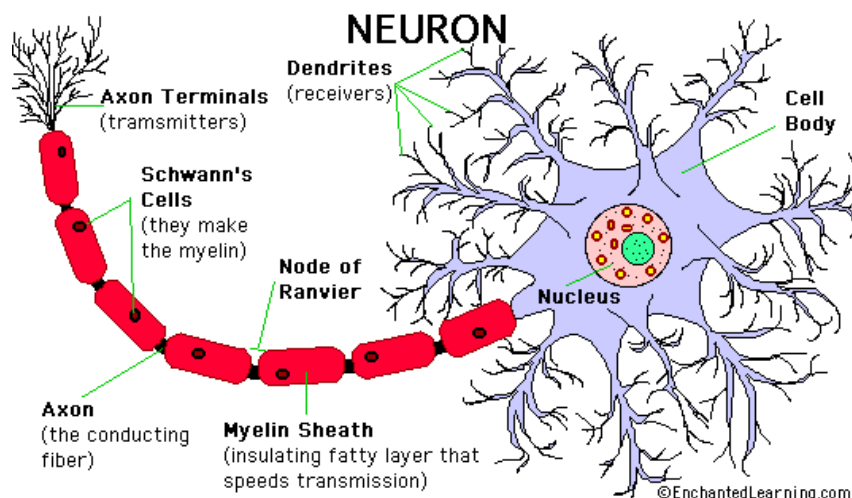
# How BTT Works

Many alternative healing methods focus on quieting muscle spasms, including Shiatsu, Myotherapy, Touch for Health, Bowen, Rolfing, hand and foot Reflexology and Massage.

Spasms cause pain, sending signals that the body needs help. Muscle spasms causing severe pain are easier to identify with BTT than muscle spasms causing mild or dull pain. This makes them easier to quiet.

Persistent pain is a sign the body needs something else to heal itself.

BTT is a method of identifying and relieving muscle spasms. When the body experiences pain, sickness, or restricted movement, muscle spasms almost always affect the nerves in the vicinity of these spasms. When the spasm is severe we feel sharp pain at the injury site. Moderate spasms tend to restrict movement or cause chronic pain. Low intensity spasms, which may not even be felt, can block the response of one or more self-protective systems in the body.



Muscle spasms cause pain, sending signals through the nerves to the brain that the body needs help in that particular area. Neurons are the impulse-conducting cells in nerves that carry this message. Generally, the more intense the spasms, the more intense the pain – and the easier it is to detect and treat with BTT.

By eliminating muscle spasms, we can relieve pain, eliminate muscle stiffness, restore restricted movement and assist the body's self-healing systems.

BTT is a natural nerve system bypass therapy, which detects and quiets muscle spasms and removes pain. When the spasms are gone, the body frequently heals itself.

# **BTT Is Absolutely Safe**

The BTT techniques are very simple and can be used by almost everyone.

They cause no injury, are completely drug-free, and can be used on both children and adults. One needs to know nothing about diagnosing or anatomy. This technique detects, identifies and relieves muscle spasms causing pain and may prevent the body from healing itself.

BTT is effective and inexpensive, especially when used by family members on one another. And there is no need to get undressed with these methods. You can easily work through two or three layers of normal clothing.

When treating strangers, I use latex finger cots to cover both index fingers. These disposables are inexpensive, available at your local pharmacy, and insure no transmission of diseases.



When treating strangers, latex finger cots or latex gloves, like those shown here, should be worn.

It is one of the few alternative therapies that can be safely used to remove spasms around a cancer and the consequent pain.

# Methodology

Bioenergetic Triggerpoint Therapy is a method of detecting and erasing muscle spasms by placing a finger or the palm of the left hand on a trigger point on either side of the head.

There are four types of treatment used in this hands-on muscle spasm therapy.

In two of these, called "static" types, the right hand does not move and the action taken depends upon the physical or verbal response of the patient. In the first static type of BTT, spasm removal is indicated by signals to the hands; in the second type, the spasm removal depends upon the subject's verbal cues.

The other two types of BTT are called "dynamic." One of the dynamic types uses right hand gentle massage in the area of the pain. This action is completed when the subject states that the pain is gone. The other dynamic type is for restoring restricted movement. This is, in general, used only when the static methods fail to bring relief.

The static types of treatment have been used for years. These were called the "Gentle Touch Technique." One of its early practitioners back in the 1950's was a functional illiterate. She knew absolutely nothing about the theory. She just let her fingers do the talking and she obtained wonderful results. As a result of knowing and being treated by her, I have tried my best to let my subconscious control my hands while treating and not let what I "know" interfere.

I encourage all new practitioners to do the same. As a result, you will sometimes find your hands doing something unexpected. If it will not harm the subject, chances are it is your subconscious mind taking over to help them, and you should let your hands do their thing.

I have subscribed to this principle, and it has led to a number of improvements in treatment methods. The dynamic methods that include gentle massage and movement of frozen joints are a result of me letting my

subconscious take control and then integrating the improved procedures into the system. As more and more operators discover additional modifications that work, these will be added to supplement the existing methods.

### **Left Hand: Locating the Common Trigger Point**

All four types of BTT involve a triggerpoint used by the left hand on the side of the head.

About  $\frac{3}{4}$  of an inch to 1 inch forward of each ear there is a very small depression in the skull. This is about  $\frac{3}{4}$  of an inch to an inch above a line drawn from where the top of the ear meets the skull to the eye.

If you wear glasses you can use the arm of the glasses to assist in finding the depression, as this arm covers the line.

These two depressions, one on either side of the head, are the triggerpoints used in BTT. The index finger or the palm of the left hand should cover one of these depressions. Often, those just learning find it is easier to use the palm (plus, subjects often move around during the treatment, and contact with the palm is easier to maintain). Place the left palm on the side of the head with the fingers straight up and in contact with the head. The wrist should be about a half inch below the arm of the glasses.

A few ounces of pressure are all that are required on this triggerpoint, just enough to maintain contact with the depression.

If you are using your left index finger (not your palm) and you feel a pulsing in your finger before you have established any contact with the right hand, you are detecting the heartbeat. Just move the finger over a bit, still keeping it within the head's depression, until you no longer feel the heartbeat.

Now, when you start applying your right hand to the pain and you feel a pulsing in your left, you know your trigger point contact is good because you are relieving a spasm. It

feels a bit like a very light electrical shock and, again, indicates you are relieving tension.



The triggerpoint is a small depression in the skull, about  $\frac{3}{4}$  of an inch to one inch forward of the ear, and about  $\frac{3}{4}$  of an inch to an inch above a line drawn from where the top of the ear meets the skull to the eye.



When using the palm, the point where the top of the ear joins the head should be about  $\frac{3}{4}$  an inch below the lower knuckle of the thumb. The fingers should be pointed straight up. Light pressure, just enough to maintain contact with the triggerpoint in the center of the palm, is all that is required.



## Right Hand: Applying to the Spasm

The right index finger should delicately explore the vicinity of the pain. Sometimes, as with cuts or swelling, the pain will be visible, while in other cases the patient will have to help direct you to the location of the pain.

Applying very light contact is particularly important when working around delicate areas. You should not use heavy pressure around the edges of a cancer or a possible fracture. Only light pressure can be used around or on top of an open wound or burn. Light pressure is even sufficient to close the sockets after teeth have been extracted.

A few ounces of pressure are all that is required, approximately equivalent to the left hand's light pressure on the head's triggerpoint.



Sometimes the source of the pain will be visible, but other times the patient will have to help guide you to the source. A few ounces of pressure on the spasm with the right index finger are all that is required.

Map out the pain area by checking out points approximately an inch apart with your right index finger as your left hand

maintains contact with the head's depression. If you feel a pulsing in one or both hands, or the web between the thumb and index finger starts to vibrate, then you are removing a muscle spasm.

If you are trying to relieve pain of an injury that is visible, such as a cut or swelling, place the tip of the right index finger about ½ inch from the injury.

For minor cuts and punctures, go directly over the opening with your right index finger, unless, of course, the cut needs stitching. In that case, stop at the edge of the wound; you may find it starts to close.

Again, if you cannot see the point of pain, ask the subject to tell you its approximate area. Search around the area with your right index finger, moving about one inch at a time, until you detect a pulsing in one or both index fingers. This pulsing is actually the relief of muscle spasms.

### **Whole Palm Massage**

The whole right palm is now often used in the area of the pain instead of just the index finger. The finger is used to detect the pulsing. If there is still pain but no pulsing then we use the palm. The troubled area is gently massaged while maintaining trigger-point contact.

In the past we frequently gave up when we could not detect any pulsing. This massaging while maintaining trigger point contact has greatly reduced our failure rate. Abdominal pains that refuse to give a detectable pulse often are removed by the massaging. Most of the malaria patients we have seen have had a pain in the front of the left abdomen. This is typically removed in a minute and a half of gentle massage. When stuck, always try the massage.

### **Pulsing: A Good Sign**

A section of the web between the index finger and the thumb of one or both hands may seem to pulse when

applying the above procedure. This, together with pulsing in the index fingers, is a sure sign you are quieting one or more muscle spasms.

This pulsing of the web between the thumb and index of either hand will frequently be observed. To insure that this is due to spasm relief, deliberately lift the left index finger. If the pulsing of the web stops, you have been erasing spasms.

The pulsing you feel or observe is the natural frequency of the system, which determines the state of elongation of the muscles of the muscular skeletal system. It pulses about 70 times per minute, or slightly slower than the heartbeat of most individuals.

If you feel electricity in either index finger, you are actually removing the tension that operates on a frequency of 500 to 700 cycles per minute. If you feel either pulsing or electricity, you can be sure your left index finger contact is a good one.

### **A Common Error to Avoid**

The most common mistake new users make is to contact the head's triggerpoint with the right hand. Because of the importance of maintaining polarity, no beneficial effect will be achieved. The second common error is the failure to maintain good triggerpoint contact.

### **If Your Right Hand/Index Finger Feels No Pulsing Or Spasms**

If your right index finger is obviously in a place where you should be detecting spasms and you feel nothing, move the left index finger slightly to obtain a different triggerpoint contact with the head. Once you feel pulsing or tension, try to hold the left finger in that location for the duration of the treatment.

Once you have established good contact with the left index finger, you can move the right index finger around to erase all of the spasms in the area. I normally hold minor spasms for about 5 to 10 seconds, and major spasms for 30 seconds. You will soon recognize when a spasm is minor and when it is major. You can get closer and closer to a swelling and even get on top of it if you continue to get pulsing.

With BTT you won't know exactly which muscle you are working on. This is not important, as correct procedure requires working all around the pain area. In addition to pulsing and tension, there are major areas where nothing is felt, indicating no spasms in that area.

### **Treating Different Levels of Pain**

The greater the pain, the more violent the spasm, and the more violent the spasm, the easier it is to detect and treat with BTT. Extensive pain may require more treatments, but the spasms enable easier precision.

This fact should be considered when faced with a choice between BTT and pain-killing drugs. Very severe muscular skeletal pain near the surface is, in general, so easy to detect and remove that the pain is gone in less time than it takes to get a pain-killing drug ready for use.

The public can quickly learn to apply this to virtually any type of pain because they are always performing the same simple task, detecting and removing muscle spasms.

There are many uses for hands-on pain removal. Perhaps the most important is that you start correcting the problem immediately. This tends to reduce complications that will set in if treatment is delayed. Those who actually use it for every little ache or pain become quite proficient. Mothers find that this is the ideal way to treat a crying child. Being able to relieve your own headaches or the pain from hemorrhoids makes every day more enjoyable. BTT is, in effect, your own First Aid kit that is always there when needed.

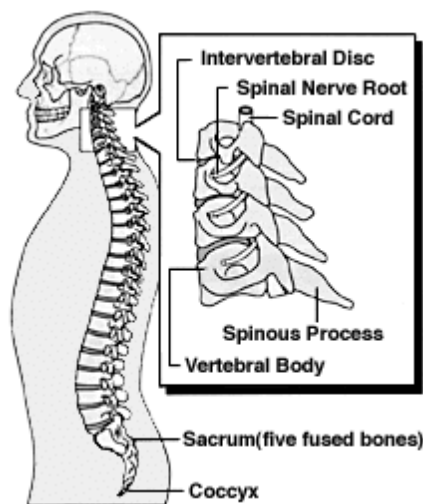
I have used the Gentle Touch for about sixty years and as a result have been virtually free of all chronic pain. Certainly I feel pain following an accident, but the pain does not last because I use BTT. I have also used it to keep out post-operative pain. A nurse practitioner friend has used it for five years, teaching her breast removal patients how to live without pain and drugs following an operation.

## Hidden Spasms in the Spine

There are also spasms that do not generate pain. The most important of these are found about an inch from either side of the center of the spine. These are associated with vertebrae being out of place, which can contribute to various diseases and drain energy.

There are a number of chiropractors that eliminate these spasms by causing a rather violent local move of the vertebrae that returns the vertebrae to its normal position and erases the spasm. They call this an adjustment.

These adjustments have been practiced in the United States for about a hundred years. Chiropractors have found that there are specific vertebrae that are almost always out of position for various diseases and have maps of the spine showing the area that is responsible for various diseases.



The spinal column is the central support for your upper body and carries most of the weight of your head, arms and chest.

Those that practice Logan Basic Chiropractic use an alternate approach. Logan removes the spasm and the vertebrae go back into place. The only substantive difference between BTT and Logan is the polarity. Logan uses the right hand at the base of the spine as the trigger point and searches with the left. BTT uses the left on one of the head trigger points and searches with the right.

In Africa, where it is my mission to make the no-cost pain elimination method of BTT routine, we are now routinely checking the entire spine of all patients here and recording the number of spasms found and relieved.

The technique involves going up and down the spine, stopping between each pair of vertebrae and poking your right index finger into the patients back with about 5 pounds pressure. If the patient does not feel pain you can go on to the next point.

Alternatively, you can use the right index finger and middle finger and simultaneously contact both areas on either side of the vertebra applying the same 5 pounds of contact pressure. Again, if the patient does not feel any pain, move on to the next point.

If the patient feels pain with either technique described above, reduce your pressure approximately 80% at the same point for about eight seconds then contact again with 5 pounds of pressure again. Most of the time the patient will say the pain is gone and you can then go on to the next point.

If the pain persists you may have to go through 4 or 5 cycles to remove all of it. The patients we have been treating in Africa have never received chiropractic treatment. As a result we frequently find that they are living with 10 to 20 undetected spasms that are draining energy and may be blocking their natural defense systems.

This is a method that should be tried every time that there is a sickness. Some husbands and wives are now using this on each other here in Mombasa, Kenya. It is simple, easy to learn and effective.

A similar procedure can be used on the reflexology points of the hands and feet of those who are sick.

We are recording the number of back spasms each time the spine is checked by a volunteer in order to determine a reasonable treatment frequency. If there is no sickness and no hidden back spasms at the last check, we tentatively assume that a two-week check is adequate, as it costs nothing but a little time. If there is sickness, check every four hours as long as spasms are being detected. You can decrease the frequency to daily checks when there are no additional spasms detected.

Our backs are normally in compression. The vertebrae are not as free to move as when in tension. If the patient continues to have problems or if the spasms will not respond to this form of BTT, we attempt to put the spine in tension and thereby open up the spacing between vertebrae. The simplest way to do this is to have the subject lie on his left side in a fetal position, curling up as much as possible. Pillows are used under the head to keep the neck in line with the spine.

Another approach is to have the subject lie on his stomach with his head hanging over the end of the bed. Pillows are used underneath the thighs to come close to duplicating the tables that chiropractors use to put the spine in this sort of tension.

I come from a chiropractic family and this has had a major impact on my work in Kenya. I still find it difficult to believe that those with no education can give back treatments that are the equivalent of what is given in the thousands of chiropractic offices in the States. In some cases, they are even better because they are not rushed, and therefore quite thorough.

My Swahili interpreter has used it more than any of the others that I work with. She gives excellent treatments and when she is done there just are no more spasms to be found along the spine. Her hands just immediately go to the troubled spots. She now recognizes that the entire spine must be checked even though she has removed the critical spasm in the first 30 seconds of contact.

It is interesting to watch her work with a pneumonia patient. Even if a pneumonia patient has not told her the problem, she will tell me that she is getting pulsing and web jumping at she works where her hands first led her.

### **Restricted Joint Range of Motion**

For restricted movement, if the patient has any mobility left in the joint, we cup the joint with the whole right hand (while maintaining the triggerpoint with the left index finger or palm) and tell the patient to move it as much as possible. We instruct him to move it up and he may move it about 5 degrees. Then we tell him to move it down and he may reverse about seven degrees. We then do progressively faster up and down motions. During this period we will move the right hand a number of times in order to work around the entire joint.

We keep talking at a rate that is just barely faster than the subject's moves. We keep pushing the patient. When we cannot say "Up, down" any faster, the patient usually has full joint movement. It was a delight to see one grandma going up and down on a wrist she hadn't moved in six months as we were leaving. This has worked well on fingers, elbows, arms, necks, knees and ankles.

A word of caution is in order here. When the subject moves the joint and arthritis has set in, the grinding of calcium deposits can often be felt. We tend to take it easy with these, being very careful not to force the subject to injure himself. This is frequently a knee problem with heavyset subjects that have not been drinking enough water. They are encouraged to do this exercise at home and drink enough water.



# Responses and Reactions

Feedback from the subject is important. This may take several forms:

- Subject says the pain is gone
- Subject can freely move her arm, leg or neck
- Subject says pain has moved

Having the pain move is common when BTT is used for the first time on a subject. This indicates the length of the muscle bundle causing the original pain has shortened and been corrected.

The mind normally can concentrate on only one area of pain at a time. When one area is relieved, muscle spasms may be felt in a new area that were there all along, but the signal from the first area was overriding that of the second area. In one subject, I needed to remove pain from ten areas before all his pain was eliminated.

A subject may feel no difference right away. The subject's pain may not disappear until he moves for about 15 minutes or so. Sometimes, relief is not felt until the next day.

In that case, some spasms have been relieved but not all. Yet the body is closer to its natural configuration and is to the point where physical activity such as dancing, swimming, or other exercise may complete the relief.

## Rapid Eye Movement

Rapid eye movement (REM) is frequently detected when applying BTT.

## Sleep

Many subjects fall asleep while BTT is being applied. I fell asleep within five minutes almost every time my dad worked on me, regardless of where he was working.

# Self-Treatment

You can treat yourself if you can reach the area of pain with your right index finger or palm without stretching. The procedure is the same as described above.

About 20 years ago I broke my ankle in two places. I reduced the pain to manageable levels until I got to the emergency room. The doctor who set my leg wanted to give me a pain pill but I refused it. After my ankle was set, the doctor gave me a prescription for more pain pills. I bought the drugs, just in case, but never used any. In about three weeks I felt minor growing pains in areas covered by the cast.

Recently, I used BTT to control post-operative pain of surgery for an aortic aneurysm and a hernia.

We all suffer little pains of cuts, bruises or sprains. Usually a minute or two of BTT banishes the pain for good.

## Some Things to Keep In Mind

If you are a layperson there are a number of considerations to keep in mind when using BTT. First and foremost, you are not practicing medicine or any other health discipline. All you are doing is identifying and removing muscle spasms.

If the recipient of BTT has his or her pain relieved, movement restored, or symptoms eliminated because the nerve channels are no longer blocked by muscle spasms, you have assisted the body in healing itself. If it does not work, you have merely spent time with a friend.

Subjects will often have tried to relieve chronic pain through various practitioners, doctors, chiropractors, and acupuncturists, massage therapists or other professionals. They may have tried diet, vitamins, minerals, herbs, and/or homeopathy, with little or no success.

They have probably received all the treatment their medical insurance would permit. Some may be skeptical about BTT. But hope runs deep for the relief of pain. You can help for little or no cost except for 15 to 20 minutes of their time.

### A Word Of Caution

Do not be discouraged by rejection. And please do not try to make this your life's work. Allow the BTT to occupy only a small part of your time. You have other things to do. When you can spare a few minutes, use it. But teach the technique to others so that they don't have to depend on you. Remember the admonition, "Give a man a fish and you have given him a meal. Teach him to fish and you have fed him for life."



Also keep in mind that for most of you who are not health-care practitioners, the BTT is not meant to be a source of financial reward. It is a method of helping yourself by helping others.

If you find yourself getting discouraged, remember BTT, like any other skill, requires practice. It takes about five hours of practice to receive enough positive feedback from subjects to make you want to continue.

After about ten hours of subject contact, you will have essentially mastered the technique enough to use it in emergencies and as a complement to other healing therapies. You will be able to render significant pain relief to those who, because of finances or aging, are unable to obtain relief from other sources.

To practice, find a willing subject. Never go around “laying hands” on another. An elderly friend with arthritis, osteoporosis or other painful condition, whose body is loaded with spasms, will probably welcome your help. Work on these for your mutual benefit.

**Remember to encourage subjects to seek other treatment when you cannot help them.**

BTT is not endorsed or tested by any professional organization. A common error made by many is to accept something as useful which does not work. Equally common is to reject something that does work because it is not scientifically tested.

The commonly used method of testing, according to medical literature, is the double blind study, in which neither the testers or the tested know what they are getting. This approach is frequently useful but costs are generally prohibitive for most small trials. As a result, many types of treatments are rejected because there is not a sufficient financial incentive to justify the cost of testing.

Industry and the military are not anywhere near as restricted in their testing programs. They both have the same criteria," Does it work?" The majority of the decisions that we make in our private lives take this pragmatic approach also. When someone is suffering the pains of cancer, AIDS, or arthritis, she doesn't care about double blind experiments. She only wants to know if it relieves her pain.

It is not a good idea to rely on alternative means of treatment to the exclusion of conventional medical practices. Any condition not clearing up in a short time indicates you should seek another type of treatment. You cannot begin to know all the various illness you may have and the procedures that have worked in the past. But your M.D., D.O., chiropractor, or acupuncturists are skilled in diagnosis and applying the proper procedure.

As an individual I really don't care what works to keep me well. I have used conventional medicine and surgery, chiropractic, acupuncture, herbs, and a number of alternative techniques in the past. And I will probably use them all in the future. I try the least expensive first, which is BTT for me. If that does not work, I will go to the type of treatment that seems most logical. I recently went to a surgeon for a hernia operation. Afterward I used BTT to reduce the postoperative pain.

The efficiency of BTT, like that of other techniques, varies with the injury, sickness, or illness. It is, however, probably the only technique most individuals with minimal training can use in an emergency.

**Generally if a pain persists or returns after 10 or 15 minutes, consider another type of treatment.**

Techniques such as BTT can be considered to be an adjunct to other treatment methods.

# **BTT Use in Specific Situations**

## **Football Knees**

Football knees usually require daily treatment over a period of months. The player is taught to stop whatever he is doing at the onset of pain and to apply the up-down routine (described in "Restricted Joint Range of Motion" in the *Methodology* section of this book) for relief. He is also taught to use this upon rising and before going to bed at night. After he has used this for a month without pain, he can reduce his treatment to once a week.

## **General Use In Athletics**

In BTT, it is not considered "macho" to play hurt because it is known that spasms causing pain also reduce capabilities and needlessly expose a weakened body to more serious injury. Using BTT, spasms can often be relieved in less than a minute. In my opinion athletes could add years to their careers by using BTT when spasms first occur.

Athletic trainers frequently use massage, ice, and even cortisone to deaden pain caused by spasms, but these are too slow to be effectively used during the game, and are rarely used on the original injury. On the other hand, the players can use BTT on themselves or each other in the short break times between plays.

## **Chronic Pain**

Chronic pain can sometimes be completely relieved by a few treatments. In general, if the pain has been with the subject for several months or more, the muscles can be so weakened or calcification so set in that frequent treatment is required for long periods and sometimes for a lifetime.

Bedridden patients with rheumatoid arthritis may experience enough relief after about two weeks of daily treatment to

resume a normal life. They will, however, require frequent treatment for the rest of their lives. Since a spouse can give this treatment, it is for some the only affordable way.

## **Old Age Aches and Pains**

Many people reach retirement with a host of aches and pains that developed as a result of not caring adequately for them over a period of years. Generally, it is not realistic in today's economy to expect to see a doctor for every ache and pain. However, BTT can be used to relieve many if not all of these. If spouses and other family and friends practice the BTT techniques upon one another, permanent relief may be achieved.

It would make me happy to observe the elderly treating spasms rather than talking about pain. It is, in my opinion, the way to joyful living.

My favorite bridge partner, the late Mr. Ian McBride, was a retired British civil servant. He also served as a magistrate in the English Courts. He said BTT had changed his life.

Ian was seriously contemplating returning to England for an operation on his hand and wrist. The cartilage had deteriorated in several joints of his right thumb and wrist, and the bone on bone rubbing caused severe pain. The pain was removed after an approximately two minute treatment on eight or nine occasions over a two-month period. On the infrequent occasions when discomfort reoccurred, it was quickly treated and relieved.

Ian also used it in two other areas – the knees he treated himself and the right shoulder, where he needed assistance.

Older people frequently need periodic help in three or four separate areas. The elderly often try to live with the pain because they do not know relief is available through BTT at essentially no cost.



## **Osteoporosis**

BTT does not heal this condition; however, significant pain relief can be achieved. The relief of spasms in the vicinity of bone fractures will assist healing.

## **Post-Operative Pain**

Incisions lead to muscle spasms, which respond to BTT. I've used BTT for post-operative pain recently, as I've explained elsewhere. A nurse practitioner and good friend has taught her breast removal patients to use this in lieu of pain-killing drugs for the past five years.

## **Sore Gums**

If using the right finger externally can't relieve pain, wash your hands and position your finger in the mouth. Small muscles, which are easy to find, are the cause of this pain. However, remember that BTT does not relieve toothache pain caused by decay. It closes the sockets rapidly after an extraction and will quiet all spasms before the Novocain wears off.

## **Cancer**

I do not believe BTT cures cancer, but I have experienced relieving another's pain, if I can get close to the cancer with the right index finger.

A case of my father's involved the wife of a cardiologist, who had a cancer around her eye, which was exceedingly painful. As a friend of the family my father administered BTT twice a week for several years. Although she succumbed to her disease, BTT alleviated her pain and reduced the need for pain killing drugs.

## Broken Bones

Broken bones always have muscle spasms in the vicinity of the break. My neighbor, Lyle Carpenter, fell and broke bones in the heels of both feet. The orthopedic surgeon elected to remove the casts after several months. While learning to walk again with a walker, Lyle aggravated the injury in one foot, and was unable to walk at all.



While healing from broken bones or other injuries, BTT can be applied to eliminate the pain. Without the pain, early recovery is often noticed.

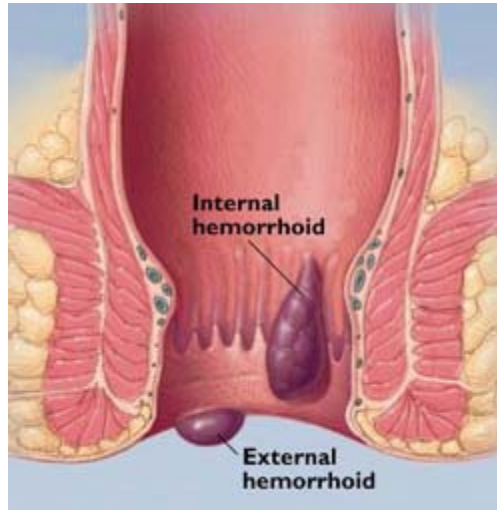
A 10-minute treatment relieved his pain and he was able to use the walker the following day. Within four weeks he was walking short distances on his own, and two months later he was walking two miles a day. His wife learned the technique and used it on him at the onset of pain until he was completely recovered. He was fully recovered about three months earlier than expected.

## Hemorrhoids

Hemorrhoids are perhaps the easiest condition to completely heal with BTT. Subjects are taught to do it for themselves. Every time have a bowel movement, they place the left index finger at the skull contact point, as described in the *Methodology* section, and then wipe themselves with the right hand.

If they feel any tingling or pulsing in the figures of the right hand, they hold this contact for about 15 seconds then move on. The body will probably absorb the piles within one to five treatments.

For hemorrhoid prevention, subjects are taught to occasionally touch the left index finger to the contact point at the skull while wiping themselves. Hemorrhoid pain need never be experienced again.



Hemorrhoids are perhaps the easiest condition to treat with BTT.

My parents treated hundreds of patients for this common problem. Word-of-mouth advertising about 100 percent success with two treatments on the same day caused their practice to grow. A follow-up treatment was needed every six months for the rest of the patient's life, and the piles would never return. If the patient waited until they returned, after about nine months, then two treatments in a single day were required.

## Cuts

If we cut ourselves, the muscles in the vicinity of the cut will spasm. These spasms interfere with normal wound closure and tend to hold all open wounds open.

Spasms around open wounds are relatively violent and therefore easy to detect and erase. If stitches are necessary, they can be used before and after a cut is stitched.

## Limited Movement

There are two types of limited movement. One type protects the body with pain. Pain keeps us from injuring ourselves by limiting the stress we place on the muscular-skeletal system. Our primary limitation is dependent upon our conditioning. Athletic training raises the pain threshold.

Lepers whose nervous systems have degenerated to the point they feel no pain frequently exhibit strength most often considered extraordinary. They have been known to pull off their own fingers. However, it is believed we all have this extraordinary strength. We do not use it because we are limited by pain that protects us.

It is possible for the brain to detour around this protection. In true emergencies exhibitions of tremendous feats of strength are fairly common, such as ripping off the door of a car to save the life of a child. Many of us have done things we could not do again except in an emergency situation when the adrenaline was really flowing.



Pain keeps us from injuring ourselves by limiting the stress we place on the muscular-skeletal system, but in dire emergencies, people have performed awesome feats of strength that resulted in their own later injury or death, such as lifting up cars or holding up the frame around a mine.

There is the well-known story of a coal miner who held up a pit post during a cave-in so the others could escape from a tunnel. He used so much of his strength he died three days later in the hospital due to internal bleeding. He had literally torn himself apart in order to save his buddies.

The second type causes us to limit the natural movement of body parts. An example of this was a retired mathematics

professor emeritus who had sprained her shoulder about three weeks before I was to attend a party at her house. I noticed upon arriving the movement of her right arm was limited. I offered to help and somehow hit exactly the right spot when I first touched her.

We both felt an instantaneous shock caused by the shoulder resetting itself. One year later, the pain was still gone and she had full movement. It doesn't happen this way very often. The complete cure took, at most, 10 seconds.

We are all familiar with many instances of restricted movement. One man will walk with a stiff leg, another with a badly bent back, a third man can't close his hand, and someone else can't lift her arms above her head. In almost all cases of restricted movement it is more accurate to say it isn't that they can't move, it is that they can't move without pain. These are decidedly different.

Before we started using the up-down method it generally took 10 to 15 minutes to restore movement and the joints would frequently not respond the next day. The up-down method is much faster and the results are longer lasting.

Limited movement is most often found in normally long muscles that are in the shortened position most of the time.

## **Weakened Muscles**

A weakened muscle in a spasmodic condition will continue to be spasmodic until the basic problem is corrected. By body realignment we can unconsciously limit the spasm's effect on our pain system by reducing the stretching of the muscle.

A bundle slightly stretched will continue to contract at the rate of 70 times per minute, 4,200 times an hour for weeks, months, even years on end.

These spasms generate heat and lead to chronic fatigue. Over time, this constant contracting will result in a weakened or atrophied muscle. As a result, it will be unable to perform its primary mission.

## **Calcification**

Muscle bundles and tendons subjected to continue exercise beyond their normal capacity might cause calcium to deposit where the muscle or tendon connects to the bone. This calcification strengthens the muscle by causing a permanent stretch due to the deposit.

While these calcium deposits strengthen a baseball pitcher's arm, they also may reduce his efficiency by their effect on other muscles. We frequently read about athletes who have operations to remove this calcification. It is sad that the elderly frequently have no choice but to live with the calcification. BTT can ease the pain, but it does not remove the deposits.

## **Burns**

I have not had experience with deep and serious burns. I have, however, removed the pain from sunburn and small burns using BTT. If faced with a serious burn I would approach it from all round the edge with the right index finger while in route to the emergency room.

You will find that spasms can be readily detected throughout the injured area. You are not going to harm the subject while erasing the spasms. My best guess is that most of the very small muscles in the affected area are in spasm. As a result the pain appears to be very slow to leave.

With sunburn you relieve one area and go to the next, only to discover that spasms have returned to the previously treated area.

## **AIDS/HIV**

AIDS can cause pain in many areas. Muscular-skeletal pain can be readily removed in any area where the pulsing can be detected. The subject can do this if he or she can reach the

spot with the right index finger. A friend or relative can apply BTT where the subject can't reach.

The incentives for using BTT for the pain of AIDS are speed, efficiency, and, primarily, cost. AIDS patients have such tremendous financial burden that paying for pain relief is usually out of the question. BTT can ease this financial burden.



## **Skin Abrasions and Grafts**

It is usually easy to remove the pain due to skin abrasions or grafts. Very small muscles are causing the pain by their violent reaction. Use a finger cot or latex glove to put the right index finger into the center of the area and then work to the outside. If the subject can reach the area, have him do it rather than you. When the area is scabbed over, you can work in the area of the highest scabs.

## **Children**

My parents delighted in having children as patients. Dad would frequently stay up all night for children or, in the case of a child with pneumonia, until the fever broke. I happen to believe that the primary caregiver for childhood illness should be a pediatrician, with BTT acting as a supplement. This brought me through nephritis at age 11, when the casualty rate for this kidney disease approached 90 percent for little boys.

The primary use of BTT for children is to remove the aches and pains they get in their daily play, from toddler stage

through high school. It is easy to get them into the habit of coming to their father or mother each time they start to hurt. This gives parents the opportunity to assess the seriousness of each injury as soon as it occurs.

Parents are not “babying” children when they train them to come for help when they feel pain. Instead, parents are protecting their children from compounding. Children are amazingly tough and able to take almost anything as long as their body parts remain in their natural positions. But they lose a portion of their protective systems if they are hurting.



Children periodically treated with BTT will soon want to do it themselves. This is okay if the child is at least 10 to 12 years old and is responsible. Parents should teach BTT to a child only if the parents have confidence the child would come with their subjects as soon as possible after treating.

Even a 10-year-old can take the pain out from a simple fracture in about a minute. But if the kid goes back to play the simple may become compound. Teach the kids to gently rotate the member about 20 degrees. If there is a break there will be a violent pain. If there is no pain then they can go back and play.

Parents can't always be with their children. Teaching children BTT can be a powerful addition to First Aid training they receive elsewhere, such as scouting programs.



## **Does BTT Always Work?**

No, not always.

Two types of pain do not respond well to light pressure methods: nerve exposure, such as toothache, and poisons, such as an insect or poisons reptile bite. These types of pain generally are transitory in nature and are therefore not considered in this guidebook.

### **Situations Where BTT Will Not Work**

If your subject is inebriated or on pain-killing drugs, your fingers may think the subject feels dead. When that happens, forget it. You will not get results. Cortisone shots may render the BTT technique useless, but muscles that have been iced will normally warm up in less than five minutes and be ready for BTT.

All methods of healing fail at times, in standard medical practice as well as alternative healing therapies. The same can be said of BTT and all other methods of muscle spasm and pain treatment.

### **What To Do For Illness Or Internal Pain**

The preceding conditions we have been discussing involve pain caused by muscle spasms, which could be identified by either the pulsing sensation of the index fingers, or the rippling effect in the web between the thumb and the index finger as described under *Methodology*. However, spasms of the inner body frequently cannot be detected because of shielding.

I use one of three approaches when there are internal problems, which cannot be mastered by detecting and removing spasms near the surface.

These are:

- Spinal check
- Surrogate
- Hand and foot reflexology check

## Spinal Checks

Casual pain checks may be made while a subject is sitting or standing. Look for spasms on both sides of the spine while the spine is in tension, rather than compressed as when sitting or standing. For a full explanation, read the "[Hidden Spasms in the Spine](#)" section in Methodology.

## Surrogate Healing

In surrogate healing, instead of treating the subject directly, you search for spasms in a healthy person who is lightly touching the subject. You are searching in areas that correspond to the subject's pain.

A friend of mine, Alice, was dying in the hospital with a lump about one and a half inches in diameter, shaped like half an apricot, on the rib cage under her left breast. She and I both could easily eliminate the pain around the cancer. Neither of us could eliminate the pain between the rib and the cancer.

I had just finished studying the book *Touch for Health* and was intrigued by Dr. Thie's section on surrogate healing. It was apparent to me there was no real hope of relieving Alice's pain using conventional Gentle Touch, and "*Touch for Health*" was out because of the danger of spreading the cancer with the heavy pressure required.

I wondered if BTT could also be used in surrogate healing. It seemed to get results using Nancy Cleary as the surrogate. The next day Alice was well enough to go check herself out of the hospital and go to Mexico for additional alternative therapy. The last I heard of her was four years later when she apparently was in full remission.

One is certainly justified in trying surrogate therapy when there is nothing else to do. When the doctor gives up on a subject, you should try anything that has even the remotest chance of saving a life and easing pain.

In more trivial cases, such as underneath a cast, a surrogate has also been used

## **Reflexology**

Reflexologists detect and apply pressure to sore spots of the hands and feet. Examine the hands and feet with the BTT technique to determine if you can feel spasms. Hold this contact for a longer period than you do when relieving a simple spasm. You may get results.

Hand reflexology is a technique where the effectiveness is frequently determined primarily by the experience and skill of the practitioner. It is much easier for me to detect the spasms or sore spots in the hands or feet with BTT than with the pressures used in *Reflexology*. It is much faster and does not cause pain.

If the internal spasm is due to blockage of the nerves controlling the body's defense system near the spine, you will get results if you remove all of the spinal spasms. If the problem can be cured by reflexology, BTT will also work.

# Other Therapies

## Chiropractic

Chiropractors restore or attempt to restore the spine to its natural position, relieving the body's stress and spasms thereby allowing the body to perform as it should. Full body x-rays are used to determine dislocations of vertebrae. Even a very small spinal column misalignment can lead to muscle spasm.

Any bone out of place will cause some of the attached muscles to elongate. Chiropractic adjustments return the vertebrae to their normal positions, often relieving spasms and pain.



The spine is considered to be crucial to overall health. Long before sulfa drugs were introduced, chiropractors had almost 100 percent success in treating pneumonia by adjusting the spine in the area that controls nerves to the lung. This can only be explained by removal of spasms that impinged upon the nerves.

Chiropractic statistics indicate many serious illnesses and diseases have been successfully treated with spinal manipulation and adjustments. One cannot deny this empirical evidence even though no double-blind experiments have been conducted to my knowledge.

Palmer graduate chiropractors frequently use an instrument called a Neurocolometer to determine the precise location of the problem. It is made from two thermocouples connected

to a meter showing when one side of the spine is warmer than the other.

Spasms, which are muscles in motion, produce this heat while muscles not in motion, called balancing muscles, are cooler. It seems obvious to me that the temperature difference due to minor displacements is not due to the change in pressure between adjoining vertebrae, but instead due to the muscle spasms caused by the dislocation.

Chiropractors using the Logan Basic Method work on the muscle spasms between the vertebrae to bring the spine back to normal. There are many similarities with this method and BTT.

The principal difference between the two is the primary contact point. In Logan Basic this is at the base of the spine with the right thumb rather than the left index finger or palm being placed on the head.

Chiropractors frequently have a financial incentive to hurry the procedure, which is not a factor when applying BTT at home.

## **Osteopathic Medicine**

In the US, osteopathic physicians, or D.O.s, are fully licensed medical physicians that can prescribe drugs and perform surgery. Osteopathic roots were based in natural manual therapies to relieve pain.

Osteopathic medicine developed in the U.S. prior to chiropractic medicine. However, with time there was a progressive tendency for many osteopathic physicians to assume a traditional approach to healing. Although all osteopathic schools teach manipulative therapy, the vast majority of D.O.s have now abandoned manipulative therapy for pain relief and use traditional approaches.

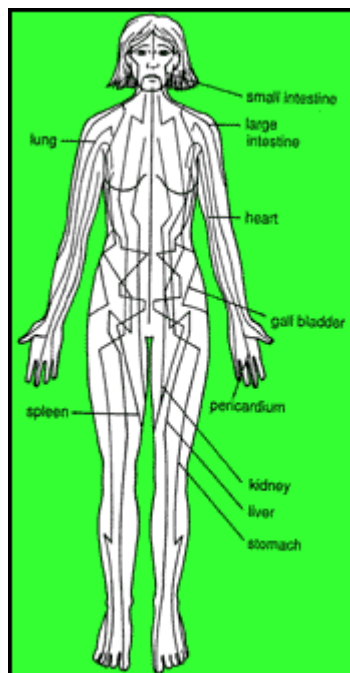
However, there are a small number of D.O.s that still use manipulative therapy. There are even a small number who

are skilled in cranial osteopathy, which is distinctly different than cranial sacral therapy.

This is an incredible form of healing in which the physician synchronizes with the patient's health and facilitates normalization of the person's primary respiration or the flow of the movement of their cerebrospinal fluid. Unfortunately, it takes a special gift or many decades of practice to develop proficiency in this technique. As a result, there are only a handful of skilled cranial osteopaths.

## Acupuncture

Acupuncture has been used for thousands of years. Extremely thin needles pressed in designated areas all over the body stimulate the nervous system to quiet muscle spasms, relieve pain and allow the body to heal itself.



In acupuncture, it is believed that a person's energy force, or "Qi," travels throughout the body along special pathways, or "meridians." Acupuncture seeks to maintain the proper balance, or Yin and Yang, throughout these meridians.

## Reflexology

Reflexologists have mapped the hands and feet to indicate the area that should be massaged to eliminate pain and many types of illnesses. To a reflexologist, a heart problem

calls for a massage on a certain part of the hand or foot. A kidney problem indicates another area of the hand or foot.

Reflexologists often find a sore spot in the appropriate area of the hand or foot, and will concentrate on this until the pain goes away.

Reflexologists often recommend walking barefooted as this massages the entire bottom of the foot. Some reflexologists believe walking barefoot kept primitive man healthy.

On a personal note, both my parents and I have frequently alleviated the pains and other symptoms of PMS in women by simultaneous reflexology on both feet.

## **Neurostructural Integration Or Bowen Technique**

Bowen Therapy was developed over 50 years ago in Australia by Tom Bowen. Neurostructural Integration Technique (NST) is a modification developed by Michael Nixon Livy. Both techniques use a series of gentle moves on specific muscles or at precise points on the body to create an energy flow and vibrations between these points. This allows your body to communicate better with itself and balance the other tissues, muscles and organs.

The method of action is likely through the autonomic nervous system, allowing the body to better carry out its many functions the way it was designed to.

NST is done with a light touch and can be done through clothing. There are pauses between sets of moves to allow your body to assimilate the energy and vibrations.

When Dr. Joseph Mercola, a respected osteopathic physician, started using the NST for pain removal, it was the best method that he had seen. Now, with BTT, he has two competing pain relief methods to use in his practice. It is anticipated that the two will supplement each other in professional practice and that BTT will be more appropriate for the non-professional.

Dr. Mercola uses NST extensively in his clinic for difficult to treat pain patients. There are advanced trainings for health care professionals that are taught in the US and worldwide. You can go to <http://www.mercola.com/nst/nst.htm> to find out when the nearest course will be.

Also a list of NST practitioners can be found at <http://www.mercola.com/nst/nst.htm>

## **Medical and Surgical Procedures**

Many modern medical procedures have a secondary effect of reducing muscle spasms. Setting fractures, closing open wounds, removing foreign objects, and reducing swelling also relieve spasms.

## **Other Muscle Spasm Therapies**

Shiatsu, Touch for Health, and Bonnie Prudden's Myotherapy all operate on muscle spasms. They use heavy pressure to detect comparative sore spots, then apply even heavier pressure to eliminate the spasm. This extra pressure gives the spasmodic muscle the extra strength it needs to correct the displacement.

Rolfing is a form of deep, very heavy pressure massage applied over large areas. A skillful rolfer will usually eliminate all spasm in the areas he or she has covered

Athletic trainers and massage therapists use moderate alternating pressure to eliminate spasms. They treat surface spasms very effectively but do not do as well on deep spasms.

All of these muscle spasm therapies have been used effectively to provide relief from pain. They all work, and, in general, work well. I know that I am prejudiced. With that in mind I firmly believe that BTT is easier to learn does not



require a highly trained technician, is safer, faster, more applicable and much more effective than any of these muscle spasms therapies.

## **Exercise and Muscle Spasms**

The human body was designed for us to be physically active. Our lifestyle is relatively sedentary compared to our ancestors.

Tennis and handball are two exercises requiring local movement of most of the muscular-skeletal system. As we live our lives we accumulate small spasms throughout our bodies which do not cause immediate pain, but which build up if left alone. Tennis and handball are excellent in removing the little spasms that do not cause pain.

Minor spasms in the spinal column that do not cause pain during normal movement frequently go undetected for years. These undetected spasms are dangerous and can lead to ruptured discs, calcification, and weakening of muscles.

Swimming is excellent because the spine is no longer in compression as it is in walking, standing, or sitting. As a result, movement of an out of place vertebra back to its normal position often occurs naturally as a result of the arm and leg movement and constant minor twisting of the spine.

Most muscle spasms are quickly removed by the body's self-protective systems in combination with everyday movement and exercise. Spasms persisting over long periods are potentially more dangerous.

Spasms along the spinal column are more serious than those in other parts of the body. Persistent spasms in other areas will probably restrict your movement in that area enough to prompt you to seek relief, perhaps through liniments, massage, or another technique. Major problems, which may require surgery, can develop from undetected spinal spasms.

Our protective systems will cause the spine to be misaligned in the area of the spasm, thereby causing other muscle bundles to spasm. These minor spasms frequently interfere with the nerve channels that control servicing the body's other protective systems.

Minor muscle spasms causing minor problems may have persisted for so long that treatment for the rest of your life may be necessary.

### **The Need for Other Therapies**

The whole point of this section has been to show that muscle spasm therapy is an integral part of many known therapies. If you don't remove the spasms, you don't remove the problem. Use the pain to tell you where the spasms are that must be removed. This is the way your body's defense system is designed to use pain.

## Conclusion

Each one of us has the ultimate responsibility for his own health and the health of his family. Doctors and other health care practitioners provide us with expertise and experience to handle the more difficult health problems, but we need general techniques to help us when we have disturbing problems not serious enough to warrant professional health care. We sometimes need techniques to handle pain while waiting for professional help.

Conventional treatment is frequently unable to assist us in everyday living. Today's medicine is the best the world has ever seen for preserving life, but it does very little for the individual suffering from semi-crippling problems such as arthritis.

If you take a broad look at the health care problems of this country, you may conclude that what is really needed are effective alternatives to the conventional health care system that can be employed within the family.

I spent my professional career in the "think tanks," or study groups, of industry and the military considering possible impacts of new product development. I was taught to consider every possible effect of a procedure, process, or tool. Individuals with specific areas of responsibility would then verify or reject the conclusions of the advanced product group and implement these in an appropriate fashion. My conclusions are not rigidly proven. This was not the intent. The intent is to show the possible paths to relatively pain-free living.

I have had to face the fact that I'm an old man without too many years left. While it is true I have a success rate of about 90 percent for temporary pain relief, this is not important. The important fact is you can also experience the same rate of success if you will only let your fingers "do the talking". Relieving pain will become as natural as swimming or riding a bicycle.

When you learn this, you will “brighten the corner where you are.”

Please write to me about your success with BTT. I want to be able to present readers with follow-up uses. I also want to hear about any problems you may have encountered along the way.

This booklet was created to help people help themselves. Creating this little volume has been a labor of love. I wanted to share this simple, no-cost technique with my fellow humans. And I now invite you to share your experiences for everyone’s benefit, too.

My dream is, within 10 years, to make BTT available globally. Word is already spreading about the effectiveness of this technique through missionaries in India and Africa, but funds are needed to expand distribution throughout Third World countries. AIDS patients in places such as Uganda need BTT because these suffering souls have few resources for relieving pain. This job is too big for one person to do alone.

If BTT has helped you or someone you love, please help spread the word.

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